STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS DIVISION OF FINANCIAL INSTITUTIONS POST OFFICE BOX 2054 HONOLULU, HAWAII 96805

APPLICATION FOR ESCROW DEPOSITORY LICENSE

Chapter 449 Hawaii Revised Statutes

(Filing fee of \$2,000.00 is to be submitted with the application; a \$7.50 service charge will be assessed for each dishonored check received. All questions must be answered completely; if not applicable, insert "NONE." Additional pages and supporting schedules may be attached.)

CORPORATE NAME OF APPLICANT:									
DBA (IF APPLICABLE)									
BUSINESS ADDRESS:									
BUSINESS PHONE NUMBER:									
	OR USE BY MERCE AND CONSUMER AFFAIRS APPROVED:								
DATE	DIRECTOR OF COMMERCE AND CONSUMER AFFAIRS								
DATE LICENSE ISSUED:									
LICENSE NUMBER:	THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS IN BRAILLE, LARGE PRINT OR AUDIO TAPE. PLEASE SUBMIT YOUR REQUEST TO THE COMMISSIONER OF FINANCIAL								

INSTITUTIONS AT (808) 586-2820.

INCORPORATION
CORPORATION WAS ORGANIZED UNDER THE LAWS OF:
DATE OF INCORPORATION:
AUTHORIZED CAPITAL:
PAID-IN CAPITAL:
If a Foreign Corporation, give date of qualification to do business in the State of Hawaii in accordance with its laws:

STOCKHOLDERS.	
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List	name	and	address	s of	each	stockholder	in	the	corporation.	Please	show	number	of
share	es owi	ned l	by each	ind	ividua	al							

Name of	<u>Address</u>	Shares Owned
Stockholder		<u> </u>

FINANCIAL CONDITION OF APPLICANT	
AMOUNT OF CAPITAL AVAILABLE FOR ESCROW DEPOSITORY BUSINESS:	_
STATEMENT OF ASSETS & LIABILITIES	
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MANAGEMENT

Give name, title, and residence address of each officer and director. Please indicate an active officer by "A" and show his principal occupation in the corporation.

<u>Name</u>	Title and Principal Occupation	<u>Residence</u>
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$\underline{\mathtt{MANAGEMENT}}$

The following information must be given for each officer or director of the corporation who is actively engaged in any business other than that of the escrow depository:

<u>Name</u>	Name of Company	Nature of Employment

MANAGEMENT

State below the experience which will prove "that the character, financial responsibility, experience, ability and general fitness of the officers and directors are such as to command the confidence of the business community in the State and to warrant the beliefs that the officers and directors are competent to successfully manage an escrow business and that the applicant will be an honest and efficient escrow depository."

Submit two letters of character reference for each officer and director from persons who can vouch that the character, experience, ability and general fitness of such officer and director are competent to successfully manage an escrow depository business.

$\underline{\mathtt{MANAGEMENT}}$

Name of person designated to act on behalf of the corporation in escrow transactions
List in detail his experience, or related experience, in escrow depository business. Attach letters in support of such experience from the persons or corporations involved in the escrow transactions. These letters are to be subscribed and sworn to before a notary public.

MANAGEMENT

ith a business	een adjudged a bankrupt or compromised with creditors; or affiliate hat has been adjudged bankrupt or compromised with creditors?
	re details including court in which proceedings were conducted, te disposition of the claims of creditors.
	director, or employee of the proposed escrow depository ever been criminal offense involving dishonesty or a breach of trust?
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f so, please giv	e particulars.

GENERAL

Attach	specin	nen	copies	s of	docum	nents	to	be	given	to	esci	COW (client	s and	d for	cms	to	be
maintai	ned or	ı es	scrow	acco	unts.	Furn	ish	ex	planat	ion	of	each	docui	ment	and	for	m.	

Are books to be maintained on a calendar or fiscal year b	asis?
If fiscal year, state closing date:	
A separate set of records covering the operations of the be kept independently of other businesses.	escrow depository business must
Do you intent to carry on or engage in any other business business of an escrow depository will be conducted? If so or businesses.	in the same office in which the o, please describe other business
CORPORA	TE NAME OF APPLICANT
BY \overline{Plea}	se TYPE or PRINT Name & Title
BY	se TYPE or PRINT Ncane & Title
DATE:	se TIPL OF FKINT NCANE & Title

of said corporation.

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STATE OF HAWAII	
On this	day of 19 before me
appeared	and to me
personally known, who are being by me duly	sworn, did say that they are:
Title	and
respectively, of	NAME OF CORPORATION
	NAME OF CORPORATION
and that the seal affixed to said instrume	ent is the corporate seal of said corporation;
that said instrument was signed and execut	ted in behalf of said corporation by authority

of its Board of Directors, and acknowledged said instrument to be the free act and deed

NOTARY PUBLIC JUDICIAL CIRCUIT STATE OF HAWAII

MY COMMISSION EXPIRES _____

IF SAID CORPORATION DOES NOT HAVE A CORPORATE SEAL, DELETE THE WORDS "THE SEAL AFFIXED TO SAID INSTRUMENT IS THE CORPORATE SEAL OF SAID CORPORATION," AND ADD AT THE END OF THE AFFIDAVIT CLAUSE THE WORDS, "AND THAT SAID CORPORATION HAS NO CORPORATE SEAL.

LEGAL HISTORY QUESTIONNAIRE

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Name			
			tions with respect to: (1) the applicant; (2) the individual officers and directors; any controlling tion answered 'YES* provide full details. (Provide exhibit references If necessary.)
<u>YES</u>	<u>N</u> O		
		(a)	Has any such person been convicted of, or has pleaded nolo contendere to, or been charged as a defendant in any criminal proceeding with, any crime involving an act of fraud or dishonesty;
		(b)	Has consented to or suffered a judgment in any civil or administrative action based upon conduct involving an act of fraud or dishonesty, or is any such proceeding pending against any such person;
		(c)	Has consented to or suffered any indictment, formal investigation. examination, or civil or administrative proceeding that resulted in any agreement. undertaking. consent. or order issued by any federal or state court, any department. agency, or commission of the United States government. any state or municipality. any self-regulatory trade or professional organization. of any foreign government or governmental entity, which involves an act of fraud or dishonesty-,
		(d)	Has consented to or suffered the suspension or revocation of any professional, occupational, or vocational license or other authorization- to engage in a business activity based upon conduct involving an act of fraud or dishonesty, or is any such proceeding pending;
		(a)	Has knowingly made or caused to be made in any application or report filed with the commissioner or in any proceeding before the commissioner, any written or oral statement which was at the time and in light of the circumstances under which it was made false or misleading with respect to material fact. or has wilfully omitted to state a material fact with respect to information furnished or requested in connection with such an application;
		M	Has knowingly or wilfully committed any violation of. or has knowingly or wilfully aided. abetted, counseled, commanded. induced, or procured the violation by any other person of, any provision of state law or rule;
		(g)	Has been involved in the denial, withdrawal after receipt of formal or informal notice of an intent to deny, by the applicant or affiliates of the applicant, of:
			(1) Any application relating to the organization of a financial institution;
			(2) An application to acquire any financial institution, subsidiary or holding company thereof:
			(3) A notice relating to a change in control of any financial institution, subsidiary or holding Company thereof;
		(h)	Has been placed in receivership or conservatorship during the preceding ten years, was a management official or director of a financial institution which entered into receivership or conservatorship, was placed in a management consignment program. or was liquidated during his or her tenure or within two yews thereafter.